Health Department	File Number:	

<u>APPLICATION FOR REVIEW OF SITE DEVELOPMENT PLAN</u>

(to be completed by the owner or authorized agent and submitted to the Carroll County Health Department with three (3) copies of the site plan)

PROJECT	NAME:							
PROPOSE	ED USE OF THIS FACILITY: _							
PROPOSE	ED WASTEWATER FLOWS (a	a minimum	400 gpd is required for e	each tenant/comr	nercial space):		
<u>U</u>	Use (e.g., warehouse, bank,)		Units (e.g., sq. ft. staff,)	.) Design flo	Design flow/unit		Design flow/use	
1.				Χ	gallons	=	gallons	
2.								
3.								
4.								
5.								
_								
6								
	N : Subdivision Name (if any): _							
	[] South,[] East,[] West							
feet []North , [] South , [] East , [] West of								
	REFERENCE: Tax Map:							
PARCEL /	LOT SIZE:			NING:				
	DR:							
PLEASE (COPY CORRESPONDENCE 1	<u>'O</u> :						
PROPERT	Y OWNER:			TELEPHON	IE:			
Α	DDRESS:							
OTHER: _				TELEPHON	IE:			
Α	DDRESS:							
WATER S	UPPLY: [] Public [] Private	SEWAGE D	ISPOSAL: [] Public [] Private		
Was any p	ortion of this property used as	a Septage	/Sludge Dump Site wit	hin the past thre	e years?	[]Yes	[] No	
Is this proje	ect subject to review by EPA o	r Maryland	Department of the Envir	ronment?	Explai	in:		
	ntion submitted by applicant representatives of the Health De							
	DATE	=	SIGNATURE		OWNER	[]AGENT	OF OWNER	

Revised 10/26/2004 Green